

APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

1232-4729

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|-------------------------|--------------------------|--------------|
| AS | 22 | |
| | NUMBER FILED | NUMBER EXTRA |
| ABLE CLAIMS | 22 minus 20 = | 2 |
| CLAIMS | 6 minus 3 = | 3 |
| DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

If the number in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18= | 36 |
| X80= | 240 |
| +270= | |
| TOTAL | 986 |

CLAIMS AS AMENDED - PART II

| (Column 1) | (Column 2) | (Column 3) |
|---|---|------------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 11 Minus | 22 | 0 |
| 2 Minus | 20 | 0 |
| EXTENSION OF MULTIPLE DEPENDENT CLAIM: <input type="checkbox"/> | | |

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|---|---|------------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 10 Minus | 22 | 0 |
| 2 Minus | 20 | 0 |
| EXTENSION OF MULTIPLE DEPENDENT CLAIM: <input type="checkbox"/> | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|---|---|------------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 10 Minus | 22 | 0 |
| 2 Minus | 20 | 0 |
| EXTENSION OF MULTIPLE DEPENDENT CLAIM: <input type="checkbox"/> | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

If the number in column 1 is less than the entry in column 2, write "0" in column 3.
If the number in column 1 is less than 20, enter "20."
If the number in column 1 is less than 3, enter "3."
If the number in column 1 is the highest number found in the appropriate box in column 1.